SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| TEMIZED INDEPENDENT EXPENDITORES | | | | PAGE 7 OF 24 FOR LINE 24 OF FORM 3X |
|---|---------------------|-------------------|---------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Clean Wave | | | | C C00683722 |
| Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report | | | | |
| Full Name of Payee | | ☐ Memo | Item Da | ate of Public Distribution/Dissemination |
| Clean Water Action | | | | 11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1444 Eye St. | | | An | nount |
| Suite 400 | Ctoto | Zin Codo | — г | 263.00 |
| City Washington | State DC | Zip Code 20005 | | ansaction ID : SE.4139 |
| Purpose of Expenditure Member Communication - Email/GOTV | | Category/ Type | Da | ate of Disbursement or Obligation 11 04 2018 |
| Name of Federal Candidate: | | C | Office Co | wight: V House District: 11 |
| Sherrill, Mikie, , , | | Support Oppose | Office Sc | pught: M House District: NJ Senate State: NJ |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 263.00 | Disburser 2018 | ment For: Primary ✓ General Other (specify) |
| Full Name of Payee | | ☐ Memo | Item Da | ate of Public Distribution/Dissemination |
| Clean Water Action | | | | 11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1444 Eye St. | | | Λ., | |
| Suite 400 | | | | nount |
| City Washington | State | Zip Code 20005 | Ti | 113.00 ransaction ID : SE.4165 |
| Purpose of Expenditure | | | Da | ate of Disbursement or Obligation |
| Member Communication - Email/Phone | | Category/ Type | | 11 04 2018 |
| Name of Federal Candidate: | | ✗ Support | Office Sc | ought: House District: |
| Casey, Bob, , , | | Oppose | Pre | esident Senate State: PA |
| Calendar Year-To-Date Per Election for Office Sought | | 113.00 | Disbursei 2018 — | ment For: Primary X General |
| | 1 1 1 | | | Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | |
| (h) CURTOTAL of Uniterpined Independent Expanditures | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures | | | • | 7 7 1 7 |
| Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its | te or authorized | | | |
| Aterno, Kathleen, , , | Electronically File | ed] | M M | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | Date | 9 12 | 06 2018 |